ELPH (1948) Department.

MS. SERIES.

G.O. No. 3249

Dated 24-9-48

[Despatch Abstract.]

Medical Relief- Rural - Second Health Ministers' Conference- Resolutions- Papers Recorded.

Edn. & P.H. Deptt.

SubJ; Second Health Ministers' Conference-Resolutions.

Ref:- From the Govt. of India, Letter No. F.5-2/47 P & R dated 25-8-48.

The Government of India have sent two copies of the Resolutions passed by the Second Health Ministers' Conference held in New Dilhi from the 2nd to the 5th August '48 on items 2 to 15 of the agenda. Extracts of the resolutions may be given to the concerned sections for necessary action.

C.O.Coorey,
10-9-48.
Joint Secretary.

True Copy.

SECOND HEALTH MINISTERS' CONFERENCE-AUGUST 1948.

Resolution on agenda Item No.7.

RURAL MEDICAL RELIEF.

The conference notes with satisfaction that Provincial and State Governments are increasingly aware of the urgency and importance of developing adequate medical relief in the rural areas and that these Governments have made various attempts in the past and have also put forward new proposals to achieve this purpose. After a full consideration of the problem the Conference is of the opinion that a service which is designed to provide only curative measures for the fural areas will not meet the requirements of the people and that the organisation of an integrated curative and preventive health service is essential. Such a scheme has been put forward by the Bhore Committee but, for financial and other reasons, Governments have not found it possible to implement this scheme within the last few years. Nevertheless, in view of the need to ensure that developments take place on sound lines, it is urged that the whole question should be reviewed and suitable recommendations made to the Central and Provincial Governments in order to assist them in taking decsions on this important question. The appointment of a suitable committee for the purpose by the Chairman is recommended.

True Copy.

Endorsement:. 55671 G2/48- 1 PH dated 23-9-48. E.& P.H.

Sub: Rural Medical Relief- Second Health Ministers Conference- Resolutions.

A copy of the Resolutions passed by the Second Health Ministers Conference held in New Delhi from the 2nd to the 8th August on item 7 of the Agenda relating to Rural Medical Rlief is communicated to the Surgeon-General for information.

To the Surgeon-Gener...

True Copy.

IMMEDIATE.

No.F. 3-38/48-P & R.
Government of India.
Ministry of Helath.

New Delhi, the 19th November,1948.

From

M.R.Kothandaraman, Esquire,
Under Secretary to the Government of India,

To

Dr. K.C.K.E. Raja,
Director General of Health Services,
New Delhi.

Subject:- Rural Medical Relief Enquiry Committee.

Sir,

In pursuance of a Resolution passed at the Second Conference of Health Ministers from Provinces and Indian States held in New Delhi in August 1948, the Government of India have decided to appoint a Rural Medical Rlief Committee consisting of the following members:-

1. Dr. K.C.K.E. Raja, Director General of Health Services, New Delhi, CHAIRMAN;

2. Dr. A.C. Bannerjea, Director of Medical and Health Services, United Provinces;

3. Dr. A.R. Mehta, Director of Public Health, East Punjab;

4. Dr. A.C. Chatterjee, Direcotor of Health Services, West Banga

5. Dr. N.K.Thampi, Director of Public Health, Travancore;

6. Dr. (Mrs.) Soundram Ramachandran, Travancore;

7. Dr. T.N. Lakshminaryana, A senior Assistant Director of Public Health, Madras.

2. The terms of reference to the Committee will be:-

" To examine the proposals of the Bhore Committee for the establishment of a District Health Organisation intended to provide an integrated curative and preventive Helath Service to the people, particularly in the rural areas, and to suggest, in view of the financial and other difficulties in the early implementation of the scheme, the stages by which Governments may promote the development of such a service within the resources that are likely to become available to them during the next five years."

3. The report of the Committee may kindly be submitted to the Government of India as early as possible.

Yours faithfully,

Sd.
Under Secretary.

True Copy.

No. F. 3-38/48-PR.

Copy forwarded for information to:

1. All Provincial Governments and Administrations:
2. The Director General of Health Services, New Delhi.
3. The Accountant-General, Central Revenues, New Delhi;
4. Ministry of Finance, with reference to their U.O. No.2486-EG.III/48, dated the 18th October, 1948.

By Order,

Sd,

(M.R. Kothandaraman)
Under Secretary.

E. & P.H.G.

This is only for the information of this Government. May be therefore lodged and filed with L.

True Copy.

Education & Public Health.

LETTER; 10742 G1 /49- 2 P.H. Dated 24-3-1949.

To

The Secretary to the Government of India,
Ministry of Health,
New Delhi.

Sir,

Sub: Medical Relief-Rural- Resolutions of the Second Health Ministers' Conference- Implementation of.

Ref: your Governments letter No. F5/22/48 P & R dated 8th Feb., 1949.

With reference to the letter read above, I am directed to inform you that so far as "rural medical relief" is concerned there is no change of particular importance at present in the existing policy of this Government. The usual programme of opening rural despensaries in this Province, every year is being continued. With a veiw to make the scheme more popular the Government propose to enhance the existing rates of subsidy to rural medical practioners and midwives by nearly 50% and 30% respectively and also to meet the enhanced provision for medicines.

2. I am to add further that the long range programme of opening combined medical and public health centres under the Post-war plan of this Government is being implemented separately. The object of this scheme, is to provide medical relief generally at a distance of not more than 5 miles from any village. In heavily populated areas, the population factor will be combined with the distance factor and a village centre will be provided for 10 to 12 thousand persons. Under this scheme, 150 combined medical and public health centres and 30 taluk group centres are to be opened during the first quinquennium of the post-war period at the rate of 30 combined centres and 5 group centres each year. The government have sanctioned the opening of 30 centres and 5 group centres in 1948-49. It has been decided to open 2 primary centres in each of the five Districts which have already been selected for the opening of such centres in 1949-50, and one such cnetre in each of the other Districts which do not have such a cnetre at present during the year 1949-50.

3. I am also to state that this Government would welcome the proposal of the conference, for the setting up a Rural Medical Relief Committee by the Central Government to review the present Medical relief schmes and to suggest necessary modifications to the Provincial Governments concerned.

Yours faithfully,

Sd.

Copy to the Surgeon-General with reference to his letter No. 16494-1M dated 24-2-49.

True Copy.

RURAL MEDICAL RELIEF.

Medical aid in the rural areas of this Province is generally provided by the present system of rural medical relief. This scheme was inaugurated, as early as 1924, with a view to bring qualified medical relief within easy reach of the rural population. According to this scheme, a medical practitioner is appointed to a village dispensary and he is to cater to the needs of the public within a radius of 5 miles. He is allowed the assistance of a midwife if there is necessity for such a post whose duty is to attend to the famale sick and pregnant women and also conduct labour cases in the village when here services are needed. Finding that the scheme was working satisfactorily the Government in 1926, extended the scope of medical relief by opening additional rural dispensaries in remote parts of the districts. Since then, the programme of opening rural dispensaries is being continued, year after year, almost without interruption. During the current year the Government have sanctioned the opening of 19 rural (subsidised) dispensaries of both the Indian and the Modern systems of medicine, in various parts of the Province.

2. The rural dispensaries are classified as subsidised or non-subsidised according as the subsidy to the rural medical practitioner and the midwife, if there is one, is paid by the Government or the local body concerned. The cost of medicines and contingencies is met by the local body concerned in respect of both the subsidised as well as the non-subsidised dispensaries. When the scheme was originally started, the rates of subsidy allowed to rural medical practititoners were only Rs.600/- p.a. in the case of medical graduates and Rs. 400/-p.a. in the case of Licentiates. The rates have since been increased to Rs. 720/- pa- and Rs.600/- p.a. respectively, while a much higher rate has been sanctioned for those employed in the Agency tracts. (Viz Rs.900/- for Medical Graduates and Rs. 720/-) for Licentiates). Midwives are at present paid a subsidy of Rs. 360/- p.a. in the case of 1st class midwives (Rs.480/- for those in the Agency Tracts) and Rs. 300/- pa for 2nd class midwives. The cost of medicines to the extent of Rs. 720/- p.a. and contingent charges up to Rs. 140/- p.a. are the liability of the District Board concerned.

3. The selection of villages for the opening of rural dispensaries of Allopathic system is made by the District Boards concerned in consultation with the Revenue Divisional Officer and the District Medical Officer concerned. The actual working of the scheme is entrusted to the District Boards concerned. As a general rule no rural dispensary should be opened within 5 miles of an existing medical institution, or in a place where a private medical practitioner has already settled down to practice. The dispensaries provide treatment in the modern as well as the indigenous systems of medicine. Sanction of Government should be got for the opening of rural dispensaries subsidised by them . In the case of non-subsidised ones, no such sanction is needed. The proposals received from the District Boards for the opening of subsidised dispensaries are invariably considered in connection with the Budget of the year to which they relate and are sanctioned on the merits of each case.

4. There is at present a dearth of qualified hands for the rural dispensaries with the result that a number of the rural medical institutions are kept closed. In order to render the present system more attractive to the rural medical practitioners the question of raising their rates of subsidy further is under consideration.

5. Apart from the present rural medical scheme a long range programme for expansion of medical relief in rural areas is provided in the P.W.R. schemes, Nos. 92 and 99 of this Province. The object of the scheme is to provide medical relief generally at a distance of not more than 5 miles from any village. In heavily populated areas, the population factor will be combined with the distance factor and a village centre will be opened for 10 to 12 thousand persons. During the first quinquinnium of the

.Postwar period it has been decided to open 150 combined Medical and Public Health centres in chosen areas of the Province. Each centre will have 6 beds 12 maternity, 2isolation and 2emergency. For the curative side there will ebe a M. O. a compounder, a N.O a midwife and menial staff. For the preventive side there will be a Health Inspector, one midwife. Suitable transport will be provided for cases requiring hospitalisation. The staff is expected to examine all school childredn and teach hygience and sanitation. The original intention was to open 270 centres but this number had to be curtailed to 150 in view of the financial stringency of Government. Besides, it is proposed to open 25 taluk group centres in the first 5 year period. (30 combined public health and medical centres in the currenty year) The Post-war scheme also provides for the provincialisation of all the existing Local Fund and Municipal Medical institutions in order to retain the adminstration in the hands of the state. Pending the implementation of the Postwar proposals, the rural medical relief schmes will be taken to be altogether outside the planned programmed of postwar schmes and worked in areas where this is not being implemented. .

*****

The Government of India have now sent us a copy of the Resolutions passed at the Delhi Conference. The Resolution is at pp 13-14cf. A copy of it may.be communicated to the Surgeon-General for information subject to orders a draft endorsement is submitted for apporval. After issue the papers may be Recorded.

G.O. Ms. No. 3249 P H dated 24.9-48,
Sub: Medical- Relief- Rural-Second Health Minsters' Conference Resolutions- Papers Recorded.

*****

TRUE COPY.

for Superintendent,
Madras Record Office.
17/8

MG.